

# **JOSIAH'S CHRISTIAN ACADEMY**

## **Enrollment Package**

\_\_\_\_\_ PASSWORD

\_\_\_\_\_ Enrollment Form

\_\_\_\_\_ Alternate Nutrition Plan

\_\_\_\_\_ Pick Up Authorization

\_\_\_\_\_ Authorization for Medication

\_\_\_\_\_ Discipline Policy

\_\_\_\_\_ Information Note

\_\_\_\_\_ Parent Handbook Acknowledgement Form

\_\_\_\_\_ Blue Immunization Record

It must include expiration date and signature/stamp to be valid.

\_\_\_\_\_ Statement of Good Health #380 (good for 2 years)

\_\_\_\_\_ Know Your Child Care Center

\_\_\_\_\_ Accident / Incident Report

\_\_\_\_\_ Medical Release/Consent Forms

\_\_\_\_\_ Swim Central (Signed Statement)

\_\_\_\_\_ Parent/Guardian Uniform Policy Acknowledgement Form

# **PASSWORD**

**The password is used for the protection of your child**

**Circumstances may occur when you will need someone that is not listed on enrollment form to take your child from this facility. When these circumstances arise, you will need to call and inform us of your instructions. You will be asked your password. Informing us of your password will allow us to carry out your instructions. If you do not provide or remember your password, we may not be able to carry out your instructions from over the telephone. The password for your child should not be given to any other individual. The password provides a code between staff and parents only to permit us to follow your instructions from over the phone.**

**PASSWORD \_\_\_\_\_**

**Parent or Guardian \_\_\_\_\_**

**Date \_\_\_\_\_**

**Director: Lucille Robinson**

**JOSIAH'S CHRISTIAN ACADEMY**  
**State of Florida Department of Children and Families**  
**CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Work Phone: _____ Cell: _____	Work Phone: _____ Cell: _____

Family Information: Child Lives With: \_\_\_\_\_  
Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____	Address: _____	Phone: _____
Doctor: _____	Address: _____	Phone: _____
Dentist: _____	Address: _____	Phone: _____

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_

**Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#

## Helpful Information About Child:

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- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
  - Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
  - Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).
- Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

---

Signature of Parent/Guardian

---

Date

Human Services Department  
Children's Services Administration Division  
Child Care Licensing and Enforcement Section

**ALTERNATE NUTRITION PLAN**

Date: \_\_\_\_\_ Name of Facility: **Josiah's Christian Academy**  
**5553 N State Road 7 North Lauderdale, FL 33319**

Dear Parent/Guardian:

In accordance with the Broward County Child Care Ordinance, Parents and the child care facility/home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility/home.

Please read the following carefully, sign and return as soon as possible to Josiah's Christian Academy.

The facility agrees to provide a nutritious:  
(Operator/Director checks those which apply).

- \_\_\_\_\_ Breakfast
- \_\_\_\_\_ Lunch
- \_\_\_\_\_ Mid- afternoon snack
- \_\_\_\_\_ Evening Snack
- \_\_\_\_\_ No meals or snacks Per parent request

The parent agrees to provide a nutritious:  
(Parent checks those which apply).

- \_\_\_\_\_ Mid-morning snack
- \_\_\_\_\_ Lunch
- \_\_\_\_\_ Mid- afternoon snack
- \_\_\_\_\_ Supper

I have read the preceding and agree to meet the child's nutritional needs as defined.

\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_\_  
Parent Signature

## AUTHORIZED PICK UP LIST

List name, address and phone number of persons who would assume responsibility for your child in an emergency if the school cannot contact parents. (Place these people in the order that you would like us to contact them).

Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

CAN PICK UP AT ANYTIME WITHOUT PRIOR AUTHORIZATION FROM PARENT

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

CAN PICK UP AT ANYTIME WITHOUT PRIOR AUTHORIZATION FROM PARENT

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

CAN PICK UP AT ANYTIME WITHOUT PRIOR AUTHORIZATION FROM PARENT

\_\_\_\_\_ YES

\_\_\_\_\_ NO

## Authorization For Prescription and Non-Prescription Medication

No medication shall be given by child care personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. Medication Name: \_\_\_\_\_

Amount to be Given: \_\_\_\_\_

Time to be Given: \_\_\_\_\_

2. Medication Name: \_\_\_\_\_

Amount to be Given: \_\_\_\_\_

Time to be Given: \_\_\_\_\_

### Record of Medications Given:

1. Medication Name: \_\_\_\_\_

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Medication Name: \_\_\_\_\_

Date & Time	Amount	Employee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This authorization form must be maintained and is only valid for the duration of prescription.

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*(Retain in child's file for a minimum of four months)*

# Discipline Policy

Dear Parents:

We here at Josiah's Christian Academy, work with parents/guardians of children in our care to determine the cause of misbehaviors and deal with these behaviors positively.

We use strategies that allow the child to take responsibility for his/her actions. In addition, we focus on teaching children appropriate behaviors. We promote respect for one another and our environment as well as personal responsibility.

**Important note: *Physical punishment will not be used, even if requested by the parents.***

Children will be given simple rules and boundaries to follow. In instances when a behavior becomes disruptive or harmful to the child or other children, we will discuss the issue with you, and find age appropriate measures to positively redirect the disruptive or harmful behavior, into positive ones.

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Child's name

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Age

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Parent/Guardian signature

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Date



## INFORMATION NOTE

1. If your child is sent home from school because of a fever 100 degrees or more or a possible cantaloupes disease, you must bring a written notice from your doctor stating that he she was examined for and that they are free from contagion and may return to school. (The return date is well as the doctor's phone number must be on this note).

**THIS IS A MUST!**

2. Please note that if your child is sent home because of diarrhea, vomiting or one of the above reasons, they may not return to school for a 24 hour period. **(YOUR CHILD MUST BE FEVER FREE OR HAVE NO DIARRHEA/VOMITING FOR A 24 HOUR PERIOD)**. This is in the best interest for all the children as well as the staff.

3. If your child is placed on an "over the counter" medicine, it must have a typed prescription label on it (You will need to have your doctor write the prescription and then have your pharmacy label and attach to medicine). **This medicine must also be accompanied with a doctor's "Return to School" note.**

**4. Our policy regarding prescription medicine is: You must bring a doctor's note stating what the medicine is for and that your child is not contagious. If we do not have this note, we will be unable to administer this medicine to your child. " We will only administer medicine that has a prescription label on it."**

**5. If you are taking your child to the doctor for a 'check up" or a shot, you must pick up their original " Blue Medical Form" from the doctor's office. This blue form is " HRS Regulated" and must be kept updated.**

**\*\* Each time your blue form is updated, your expiration date must also be updated**

**\*\* Your child's Physical Examination ( Yellow Form) must be updated every 2 years.**

**6. We would appreciate a telephone call from you if your child is going to be absent from school due to sickness, vacation or just to stay home with mom or dad. This will enable us to staff each classroom accordingly.**

-----  
Signature of Parent or Guardian

-----  
Date

-----  
Signature of owner

-----  
Date

**JOSIAH'S CHRISTIAN ACADEMY, INC.**  
PARENT HANDBOOK ACKNOWLEDGEMENT FORM

Parents/Guardians please sign and return this form to your child/ren center upon enrollment.

MY CHILD \_\_\_\_\_, IS ENROLLED AT JOSIAH'S  
Name

CHRISTIAN ACADEMY. I ACKNOWLEDGE RECEIVING A COPY OF THE  
PARENT HANDBOOK AND FURTHER AGREE TO ABIDE BY THE RULES AND  
REGULATIONS SET FORTH IN IT.

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Parent/Legal Guardian Signature

Date

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Owner/Director Signature

Date





## FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-20.011, Florida Administrative Code

_____ LAST NAME PARENT OR GUARDIAN	_____ FIRST NAME CHILD'S SS# (optional)	_____ MI STATE IMMUNIZATION ID# (optional)	_____ DOB (MO/DA/YR)
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### Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes" for information and instructions on form completion. Guidelines are available at: [http://us/disease\\_ctrl/immune/schoolguide.pdf](http://us/disease_ctrl/immune/schoolguide.pdf).

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Td/Tdap	C	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
Hib	E	_____	_____	_____	_____	_____
MMR (Combined)	F	_____	_____	_____	_____	_____
(Separate)	G, H,	_____	_____	_____	_____	_____
	I	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	_____
	J	Rubella (dose 1)	Rubella (dose 2)	_____	_____	_____
Hepatitis B	K	_____	_____	_____	_____	_____
Varicella	L	_____	_____	_____	_____	_____
Varicella Disease		_____	_____	_____	_____	_____
PneumoConju		Year _____	_____	_____	_____	_____

### Select appropriate box(es)

#### Certificate of Immunization for K-12

☐ Part A-Complete

**Part A** (Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7<sup>th</sup> grade (and for grades kindergarten through 12.) I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance as documented above.) DOE Code 1

☐ Temporary Medical Exemption Expiration date: \_\_\_\_\_

☐ Part B-Temporary

**Part B** (For children in day care, family day care homes, preschool and kindergarten grades through 12 who are incomplete for immunization in Part A) Invalid without expiration date. DOE Code 2

#### Permanent Medical Exemption

☐ Part C-Permanent

**Part C** (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.) DOE Code 3

I certify the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician or  
Authorized Signature: \_\_\_\_\_

Issued By: \_\_\_\_\_  
Date: \_\_\_\_\_

## Parent's Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.



## More information and free resources:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: \_\_\_\_\_

License Issued on \_\_\_\_/\_\_\_\_/\_\_\_\_

License Expires on \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information regarding the compliance history of this child care provider, please visit:

[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)



OFFICE OF CHILD CARE REGULATORY  
AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(f), F.S.,



## Know Your Child Care Facility

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



## General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 86C-22, F.A.C., which include, but are not limited to, the following:

- ☐ Valid license posted for parents to see.
- ☐ All staff appropriately screened.
- ☐ Maintain appropriate transportation vehicles (if transportation is provided).
- ☐ Provide parents with written disciplinary practices used by the facility.
- ☐ Provide access to the facility during normal hours of operation.
- ☐ Maintain minimum staff-to-child ratios:

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

### Health Related Requirements

- ☐ Emergency procedures that include:
  - Posting Florida Abuse Hotline number along with other emergency numbers.
  - Staff trained in first aid and Infant/Child CPR on the premises at all times.
  - Fully stocked first aid kit.
  - A working fire extinguisher and documented monthly fire drills with children and staff.
- ☐ Medication and hazardous materials are inaccessible and out of children's reach.

### Training Requirements

- ☐ 40-hour introductory child care training.
- ☐ 10-hour in-service training annually.
- ☐ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ☐ Director Credential for all facility directors.

### Food and Nutrition

- ☐ Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

### Record Keeping

- ☐ Maintain accurate records that include:
  - Children's health exam/immunization record.
  - Medication records.
  - Enrollment information.
  - Personnel records.
  - Daily attendance.
  - Accidents and incidents.
  - Parental permission for field trips and administration of medications.

### Physical Environment

- ☐ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ☐ Provide space that is clean and free of litter and other hazards.
- ☐ Maintain sufficient lighting and inside temperatures.
- ☐ Equip with age and developmentally appropriate toys.
- ☐ Provide appropriate bathroom facilities and other furnishings.
- ☐ Provide isolation area for children who become ill.
- ☐ Practice proper hand washing, toileting, and diapering activities.

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

### Quality Activities

- ☐ Are children initiated and teacher facilitated.
- ☐ Include social interchanges with all children.
- ☐ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ☐ Include exercise and coordination development.
- ☐ Include free play and organized activities.
- ☐ Include opportunities for all children to read, be creative, explore, and problem-solve.

### Quality Caregivers

- ☐ Are friendly and eager to care for children.
- ☐ Accept family cultural and ethnic differences.
- ☐ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ☐ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ☐ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ☐ Allow children to play alone or in small groups.
- ☐ Are attentive to and interact with the children.
- ☐ Provide stimulating, interesting, and educational activities.
- ☐ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ☐ Communicate with parents.

### Quality Environments

- ☐ Are clean, safe, inviting, comfortable, child-friendly.
- ☐ Provide easy access to age-appropriate toys.
- ☐ Display children's activities and creations.
- ☐ Provide a safe and secure environment that fosters the growing independence of all children.



**JOSIAH'S CHRISTIAN ACADEMY**  
**ACCIDNET/INCIDENT FORM**

Name of Facility: \_\_\_\_\_ License Number: \_\_\_\_\_

Address of Facility: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Child(ren) Involved in Incident: Staff involved and other staff present:


Description of Incident: \_\_\_\_\_

\_\_\_\_\_

Name of Parent notified: \_\_\_\_\_

Date of Notification: \_\_\_\_\_ Time of notification: \_\_\_\_\_

Signature of staff notifying parent: \_\_\_\_\_

List any failed attempts to notify a parent (of the incident) below, including the name of the attempted parent, as well as the date and time of each attempt.

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

Was notification made to emergency personnel and/or law enforcement?

Yes    No (circle one)

If Yes, list who was contacted, the date of contact and the time of contact.

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

Signature of staff notifying emergency personnel/law enforcement: \_\_\_\_\_

Was Child Welfare contacted? Yes No (circle one)

If Yes, list who was contacted, the date of contact and time of contact:

Signature of staff notifying Child Welfare: \_\_\_\_\_

Was Licensing contacted? Yes No (circle one)

If Yes, list the name of the person contacted, the date of contact and time of contact:

Signature of staff notifying Licensing Staff: \_\_\_\_\_

Corrective Action Taken and/or needed to prevent reoccurrence:

\_\_\_\_\_

Signature of staff completing this report: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Children's Services Council of Broward County  
**SWIM Central Water Safety Education Questionnaire**

Child Care Facility: **Josiah's Christian Academy** Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Has your child ever taken swim lessons? Yes \_\_\_\_ NO \_\_\_\_
2. Can your child roll over and float on his/her back? Yes \_\_\_\_ NO \_\_\_\_
3. Can your child swim to the side of the pool? Yes \_\_\_\_ NO \_\_\_\_
4. Have you taken a Community Water Safety Course? Yes \_\_\_\_ NO \_\_\_\_
5. Is anyone in your household certified in CPR? Yes \_\_\_\_ NO \_\_\_\_

Additional Comments:

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Please Mail/Fax this form back to:

**Swim Central**  
**1North University Drive Suite 401B**  
**Plantation, FL 33324**  
**Fax: 954-357-8102**

\_\_\_\_\_ I have received SWIM Central water safety information

\_\_\_\_\_ I have **not** received SWIM Central water safety information

# EMERGENCY TREATMENT AUTHORIZATION FORM

To Whom It May Concern:

As a parent and/or guardian of \_\_\_\_\_, a minor, I hereby Authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency Which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement. Physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent or Guardian: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone : \_\_\_\_\_

Hospital Affiliation(s): \_\_\_\_\_

Indicate specific medical allergies, chronic illness, or other medical conditions coaches and medical personnel should be aware of: (allergies, bee stings, medications, etc.) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

This release form is completed and signed of my own free will for the sole purpose of authorizing Medical treatment under emergency circumstances in my absence.

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE: \_\_\_\_\_

NOTARY

Sworn to subscribed before me I CERTIFY that on \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
(print parent/guardian name)

Personally came before me and acknowledged under oath, to my satisfaction, that he/she is that person.

\_\_\_\_\_  
(Signature Of Notary Public State of Florida)

\_\_\_\_\_  
(Print or Type Name of Notary as Commissioned)

(Affix Seal to right:)

My Commision Expires: \_\_\_\_\_

☐ Personally Known

☐ Produced Identification

Type: \_\_\_\_\_

#: \_\_\_\_\_



# **Josiah's Christian Academy**

## **Permission Form**

I hereby grant permission for my child to use all of the play equipment and participate in all the activities of the center, and to leave the Josiah's Christian Academy center under the supervision of a staff member on walks or planned field trips\*.

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Signature of Parent or Guardian

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Date

\*Parents will be notified about any field trips in advance.

# **Josiah's Christian Academy**

## **Photo Permission Form**

From time to time we take photographs of the children at the Center. We often hang these photos in the Center to share the children's projects and activities with our families. We also occasionally use the photos for publicity. Please sign the form below and return it with your packet. Let the director know if you have any questions.

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☐ I give permission to Josiah's Christian Academy to take photographs of my child, \_\_\_\_\_ at the Center and to use the photographs for display at the Center or for publicity purposes.

☐ I Do Not give permission to have my child, \_\_\_\_\_ photographed

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



## How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit  
[www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your  
local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.



# INFLUENZA VIRUS

"The Flu"  
A Guide  
for Parents

**During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.**

**My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:**

**Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.**



## **What should I do if my child gets sick?**

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### **CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:**

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



## **How can I protect my child from the flu?**

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

**For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>**

## **What can I do to prevent the spread of germs?**

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



## **When should my child stay home from child care?**

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.